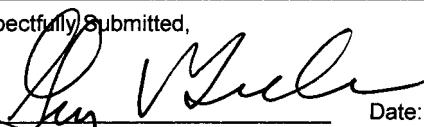


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Paboojian et al.		Group No: 3734							
Application No: 09/731,318		Examiner: Mendoza, Michael G.							
Confirmation No: 1028		Attorney Docket No: 53246-US-CNT[2] (NV.0050.01)							
Filed: December 6, 2000		September 22, 2010 San Francisco, California 94107							
Title: RECEPTACLES TO FACILITATE THE EXTRACTION OF POWDERS									
Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450		Extension of Time							
		Extension (Months)		□ Applicant petitions for an extension of time under 37 C.F.R. 1.136					
Via EFS				Extension (Months)		Extension Fee			
						Large Entity		Small Entity	
<input checked="" type="checkbox"/> Response to Final Office Action <input type="checkbox"/> Request for Continued Examination (R.C.E.) <input type="checkbox"/> Notice of Appeal (form PTO/SB31) <input type="checkbox"/> Drawings <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-SB08 Form <input type="checkbox"/> Citations <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Postcard for Return								<input type="checkbox"/> One Month \$130.00 \$65.00 <input type="checkbox"/> Two Months \$490.00 \$245.00 <input type="checkbox"/> Three Months \$1,110.00 \$555.00	
								<input checked="" type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.	
Fees for Extra Claims									
		Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee		
					Large Entity	Small Entity			
Total Claims		18	34	0	\$52.00	\$26.00	\$0.00		
Independent Claims		3	3	0	\$220.00	\$110.00	\$0.00		
Multiple Dependent Claims				0	\$390.00	\$195.00	\$0.00		
Supplemental Information Disclosure Statement									
							Total	\$0.00	
Fee Payment							Fee Deficiency		
Extension Fee		\$0.00		<input checked="" type="checkbox"/> If any additional extension fee is required, please charge Deposit Account No. <u>10-0258</u> . and/or <input checked="" type="checkbox"/> If any additional fee for claims or any other fee is required, please charge Deposit Account No. <u>10-0258</u> .					
Fee for Extra Claim(s)		\$0.00							
Total		\$0.00							
<input type="checkbox"/> Attached is check no. _____ in the sum of <u>\$0.00</u> . <input type="checkbox"/> Please charge Deposit Account No. <u>10-0258</u> in the sum of <u>\$0.00</u> .							Please direct telephone calls to: Guy V. Tucker at (415) 538-1555.		
CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a): I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, facsimile transmitted to the U.S. Patent Office at (571) 263-8300, or electronically submitted via EFS on the date shown below:							Please continue to send correspondence to: NOVARTIS AG Corporate Intellectual Property One Health Plaza 104/3 East Hanover, NJ 07936-1080		
							Respectfully Submitted,  By: <u>Guy V. Tucker</u> Guy V. Tucker Registration No. 45,302		
							Date: <u>September 22, 2010</u>		
							Date: <u>September 22, 2010</u>		
By: <u>Melanie Hitchcock</u> Melanie Hitchcock									